



UNIFORM COMPLAINT PROCEDURE FORM

Last Name: _____ First Name/MI: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Street Address/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School/Office of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Consolidated Categorical Aid |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Career/Technical Education |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Every Student Succeeds Act Prog. | <input type="checkbox"/> Foster/Homeless Youth |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> State Preschool | <input type="checkbox"/> Regional Occupational Programs |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Local Control and Accountability Plan | <input type="checkbox"/> Tobacco-Use Prevention Education |
| <input type="checkbox"/> Child Care and Development Programs | <input type="checkbox"/> Career Technical and Technical Education; Career Technical; Technical Training | <input type="checkbox"/> Lactating Pupils |
| <input type="checkbox"/> Agricultural Vocational Education | <input type="checkbox"/> Career Technical Education | <input type="checkbox"/> Juvenile Court School Pupils |
| <input type="checkbox"/> American Indian Education Centers and Early Childhood Education Program Assessments | <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> Economic Impact Aid |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers | <input type="checkbox"/> Course Periods without Educational Content | <input type="checkbox"/> English Learner Programs |
| | | <input type="checkbox"/> School Safety Plans |

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:

- | | | |
|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Citizenship | |
| <input type="checkbox"/> Immigration Status | | |

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you discussed your complaint or brought your complaint to any PLN personnel? If you have, to whom did you take the complaint, and what was the result?

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

Signature: _____ Date: _____

Mail complaint and any relevant documents to:

Chief Operating Officer
5000 Hollywood Blvd., Hollywood, CA 90027
Phone: (213) 250-4800
FAX: (213) 250-4900